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Montana Health Promoter

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Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

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Diabetes Education Projects Funded

The Chronic Disease Prevention and Health Promotion Program of the Montana Department of Health and Environmental Sciences has funded two diabetes education projects. "Train the Trainer: A Diabetes Education Program" will be conducted for Livingston Memorial Hospital staff by the St. Vincent Hospital and Health Center Diabetes Education Program, and the American Diabetes Association, Montana Affiliate will present a one-day seminar, "The Highs and Lows of Diabetes," for people with diabetes, their friends and family, and health care providers.

Train the Trainer

St. Vincent Hospital and Health Center will conduct "Train the Trainer: A Diabetes Education Program" for the Livingston Memorial Hospital on April 19, 20 and 21. This program was designed to train nurses, dietitians, pharmacists and ancillary health care providers to educate diabetes clients and caregivers. The goal of the program is to provide information and skills that will allow clients an optimal level of functioning and to achieve the best possible control of their diabetes.

St. Vincent Hospital and Health Center has had a comprehensive multi-disciplinary team approach to diabetes education since 1971. The philosophy of the diabetes team is that clients and their families should obtain clear and concise information about their health care, allowing them to make informed decisions, manage their illness and implement follow-up care at home. The St. Vincent Hospital Diabetes Education Center is also a satellite of the Barbara Davis Center for Childhood Diabetes at the University of Colorado in Denver.

Instruction will cover the following topics: nutrition; exercise; medications; monitoring; hyperglycemia and hypoglycemia; relationship between nutrition, exercise and medications; hygiene; complications (prevention, detection, early treatment and rehabilitation); psychological adjustment; family involvement; community resources; use of health care systems; and benefits and responsibilities of care. These topics cover the content areas that have been identified in the National Standards for Diabetes Patient Education and American Diabetes Association Review Criteria. The curriculum is presented by the ten member multi-disciplinary team utilizing lectures, demonstrations, small group discussions and one-to-one sessions with each participant.

Following completion of the program on-going telephone communication and a follow-up site visit with the staff will occur to evaluate effectiveness of the program.

The Highs and Lows of Diabetes

"The Highs and Lows of Diabetes," a seminar for people with diabetes, their friends and family members, and health professionals will be held April 20, 1991, at the Colonial Inn in Helena from 8:30 a.m. to 4 p.m. Paul Fredlund,

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PLEASE RETURN

From the Editor

The American Diabetes Association estimates that one in 20 Americans, including approximately 40,000 Montanans, have diabetes. With its complications, it is the third leading cause of death by disease in the United States. It affects almost all the major organ systems. Half of all nontraumatic amputations are in people with diabetes. It is the leading cause of adult blindness, and accounts for 30 percent of end stage renal disease. Diabetes is a primary contributor to heart disease, stroke, kidney failure, gangrene, nerve damage, and other life-threatening problems.

There is a bright side. Great strides have been made in understanding the disease and how to prevent it or delay its complications. Strategies such as laser treatment of retinopathy to prevent blindness, control of hypertension to prevent cardiovascular diseases, aggressive foot care to prevent amputation, and rigorous glucose control to prevent perinatal mortality, have been shown to be effective. Other potential approaches to diabetes are showing promise. Yet, despite these strides, diabetes continues to have a major impact on the health status of Montanans.

Diabetes education and health management improve diabetes control and offer the greatest opportunity for change. An awareness and compliance with diabetes lifestyle recommendations could have far reaching effects. Unfortunately, diabetes education delivered in a timely, safe, and optimal fashion in an ever-changing science is not readily available throughout the state. Simple steps can help the person with diabetes: keep weight at a desirable level, exercise regularly, limit intake of alcohol, don't smoke, eat a prescribed diet, control blood pressure, and manage stress level.

We can and will be doing more in the future to assess, develop policy, and help assure more persons with diabetes are provided information and health care access.

It's Coming— Rocky VII

No—it's NOT the latest Sylvester Stalone boxing rematch...the 7th annual Rocky Mountain Health Promotion Conference will take place on the MSU campus in Bozeman from June 19-23. The conference is designed to promote healthy lifestyle concepts to school and business personnel. National leaders in the field of wellness and a variety of practical workshops make this conference appropriate for educators, administrators, health professionals, public and private sector personnel, and managers interested in wellness. For more information about Rocky, contact Continuing Education for the Health Professional, 318 Montana Hall, MSU, Bozeman, MT 59717, 994-4930 or Health Promotion Program at the Department of Health and Environmental Sciences, Helena, 59620, 444-2640.

Survey Results Confirm Diabetes Prevalence Estimates

In November 1989 the Centers for Disease Control reported the prevalence of diabetes mellitus in states participating in the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a monthly random-digit dialed telephone interview of adults aged 18 years and older. Respondents were asked if they had ever been told by a doctor that they had diabetes. The prevalence of age-adjusted diabetes varied from 2.8% in Montana to 8.7% in the District of Columbia.

According to estimates of the American Diabetes Association, of 40,000 potential cases of diabetes in Montana only some 22,000 would be diagnosed. Based on an estimated total population of 805,000 a 2.8% prevalence rate translates to approximately 22,500 known cases of diabetes in Montanans age 18 and older. Thus, the survey appears to confirm the estimates suggested for Montana by the association.

Based on these estimates, there may be approximately 17,500 undiagnosed cases of diabetes in Montana. To minimize risks to the health of Montanans and to reduce the costs associated with diabetes, it is important to continue education and diagnosis efforts.

Diabetes,

continued from page 1

M.D., of Virginia Mason Diabetes Center in Seattle, Washington will present, "Research and the Future: Staying Well Now." Other sessions will include:

Parenting Children with Diabetes
Label-Reading, Low-Fat Eating and
Cholesterol
Exercise and Diabetes
Diabetes and Over-the-Counter Drugs
Psychosocial Issues Facing the Person
With Diabetes

A multi-disciplinary instructional approach will include a dietitian, pharmacist, nurse, licensed counselor and physical therapist.

Participants will be charged only the cost of lunch. Entertainment will be provided by Grand Street Theatre School and the Helena Barbershop Quartet.

Continuing education credits will be available in most professional areas.

For further information contact: American Diabetes Association, Montana Affiliate, Box 2411, Great Falls, 59403, 761-0908 or 1-800-232-6668.

ADA is Valuable Resource for Montanans

The American Diabetes Association (ADA) is a voluntary health organization concerned with diabetes and its complications. Founded in 1940 as a medical society and reorganized in 1969 to increase its ability to serve the public, the ADA is now a full service non-profit organization. The ADA reaches diabetics worldwide in more than 70 countries.

The ADA in Montana was founded by a small group of volunteers in 1970. At that time, the major activity was a camp for children with diabetes. Through the years, the Affiliate has progressed to two offices, four and one-half staff members and hundreds of volunteers.



Every summer, young Montanans learn how to live with diabetes while having fun in the outdoors at ADA-sponsored Camp Diamont and Teen Retreat.



Today, 25 support groups provide a network for Montanans with diabetes and their families, offering education and information through guest speakers, video-taped programs and films. They also offer interaction and support between members. There are no fees for the support groups and the public is encouraged to attend.

Summer Camp and the Teen Retreat help children and teens with diabetes learn to take responsibility for the care of their own disease. The Montana Affiliate sponsors the only diabetes summer camps for children and teens in Montana. Camp Diamont, for children ages 8-14, is located south of Bozeman in the Hyalite

Canyon area. The Teen Retreat is run at the Circle Bar Guest Ranch near Utica, and was established for young adults ages 15-18 who have diabetes. The dates for the 1991 Camp Diamont are July 21-27 and for the Teen Retreat, June 16-19.

Patient and professional education programs help people with diabetes and those individuals who care for them keep abreast of new developments in all aspects of treatment. "The Highs and Lows of Diabetes," a one-day seminar for diabetics, their friends and families, and health care professionals, will be held in Helena on April 20, 1990 at the Colonial Inn.

Research funded by the ADA has helped people across the United States control their diabetes in ways that were impossible a few years ago. Research by the ADA continues in the areas of the insulin pump; beta-cell protection; nasal delivery of insulin; early diagnosis and prediction of diabetes; and ultimately, a cure for the disease altogether.

For further information about the ADA Montana Affiliate contact Stanlee Dull, Executive Director, P.O. Box 2411, Great Falls, MT, 59403 or call 1-800-232-6668.

Keeping America Beautiful

*by Helen Amundson, R.N., C.D.E.
St. Peter's Hospital, Helena*

An issue that has come to the forefront in health care is the proper disposal of needles and other medical wastes. There are presently no laws in Montana governing how this is handled, however, legislation has been proposed in the 1991 Legislative session.

Some guidelines for disposal have been developed cooperatively by a number of home health care sponsors, the American Diabetes Association and the U.S. Environmental Protection Agency.

The recommendations are as follows:

Place needles, syringes, lancets and other sharp objects in a hard plastic or metal container with a screw-on or tightly secured lid. A coffee can will do, but the plastic lid should be reinforced with tape.

Do not place sharp objects in any container that will be recycled or returned to a store.

Do not use glass or clear plastic containers.

Make sure to keep containers with sharp objects out of the reach of children.

Another way to dispose of used syringes is to clip off the needle before disposal. Clips which are available at pharmacies can clip and store up to 2,000 needles.

Soiled bandages, disposable sheets and medical gloves should be placed in securely-fastened plastic bags before they are disposed of.

By using these simple guidelines, anyone can help prevent injury and keep America beautiful.

Diabetes in Montana Indians

by Kelly Acton, M.D.
Flathead Service Unit
Indian Health Service

High Rates In Indian Communities

Diabetes is a major health problem in Native American communities, and the seven reservations in Montana are no exception. Prevalence rates of diabetes in adult Indians living in Montana are 3.3 times greater than in the general U.S. population. There is significant variability in rates among tribes, with high prevalence rates in the Southwest and Dakotas and low rates in Alaska and the Navajo. Rates vary among Montana tribes as well. The highest rates affect the Sioux and Assiniboiné people of the Fort Peck Reservation. The lowest rates are found in the Salish and Kootenai tribes on the Flathead Reservation.

A Thrifty Gene

A theory exists which tries to explain the higher rates of diabetes seen in Native Americans. It is called the "thrifty gene theory." It postulates that American Indians carry a "thrifty" gene that has enabled them to survive alternating periods of feast and famine through the years. Changes in lifestyle experienced in Indian communities in recent years have led to increasing obesity, unmasking the genetic tendency to diabetes associated with the "thrifty" gene.

The IHS Diabetes Program

In 1979 the Indian Health Service (IHS), in response to the growing problem of diabetes in Indian communities, established the IHS Diabetes Program. Its purpose was to try to find ways to reduce the morbidity and mortality associated with this disease. The program has taken a public health approach to the problem of diabetes, attempting to impact individual providers care for these patients, as well as focus on it as a community-wide issue. The IHS Diabetes Program collects epidemiologic data on diabetes and its complications, develops and provides culturally-specific educational materials for patients, family members and professionals and provides technical assistance to tribes and facilities interested in setting up or improving their diabetes care program.

Minimum Standards of Care

In 1985, the Diabetes Program developed Minimum Standards of Care for Diabetes at IHS facilities which are implemented through Diabetes Control Officers (DCO) stationed in each region of the IHS. The DCO visits the various IHS facilities to offer education programs or technical assistance, as well as to perform regular quality assurance audits on the charts of patients with diabetes. Results of the audits are used to give feedback to the staff on how well they are meeting the Standards of Care and to highlight areas which need improvement.

Model Diabetes Programs

The IHS Diabetes Program also coordinates seventeen Diabetes Model Programs at sites around the country. Montana's Model Diabetes Program is located on the Blackfeet Reservation in Browning. Model Programs are special diabetes programs with staff who work full time developing culturally-sensitive diabetes materials and innovative techniques for helping persons with diabetes live a healthy life. The model programs serve as centers of expertise regarding diabetes care within each area of the IHS. The Blackfeet Diabetes Program has sponsored a number of training sessions for professionals and also for patients and their family members. Their focus is on self-care. The public health nutritionist assigned to the Blackfeet Program recently received a national nutrition recognition award for her work with gestational diabetics.

Special Initiatives

Occasionally the IHS Diabetes Program has been able to offer grants to facilities or tribes interested in working on special problems related to diabetes. In 1988, three reservations in Montana—Fort Peck, Northern Cheyenne and Flathead—received funding to develop food care programs and/or target the problem of diabetes in pregnancy. In 1990, the IHS Optometry Program in Montana was awarded a grant to buy retinal cameras for some of the more isolated settings in order to expand screening for retinopathy.

The Annual Intertribal Diabetes Camp, held each year south of Livingston, was started with a grant from the Diabetes Program. This event is an educational camp for adults with Type II Diabetes which focuses on self care and tries to teach a positive approach to living with diabetes.

Anyone interested in information about the IHS Diabetes Program should contact: Kelly Acton, M.D., Flathead Service Unit, St. Ignatius, 745-1214.

Resources

American Diabetes Association

1660 Duke Street
Alexandria, VA, 22314
(800)232-3472
(703)549-1500 in Virginia and D.C. metro areas

Provides free literature, a newsletter, information on health education and refers to local affiliates for support-group assistance. Offers a wide range of informative publications for sale, including a magazine for people with diabetes, professional journals, books and cookbooks. Individual and professional memberships are available.

American Diabetes Association,
Montana Affiliate
600 Central Plaza
P.O. Box 2411
Great Falls, MT 59403
800-232-6668
(406)761-0908

Juvenile Diabetes Foundation International Hotline

(800)223-1138
(212)889-7575 in New York

Answers questions and provides brochures on juvenile diabetes. Refers to local chapters, physicians and clinics.

National Diabetes Information Clearinghouse

Box NDIC
Bethesda, MD 20892
(301)468-2162

Collects and disseminates information to consumers and health professionals on diabetes and its complications, planning and implementing educational programs and evaluating educational materials. Maintains an automated file of educational materials on the Combined Health Information Database.

Centers for Disease Control Division of Diabetes Translation

1600 Clifton Road N.E.
Atlanta, GA 30333
(404)639-3286
(404)639-3534 for publications

Responds to inquiries from general public or professionals on research conducted by CDC in several areas, including diabetes and chronic disabling conditions. If technical information is required, inquirers are referred to appropriate CDC center for response.

The Diabetes Research and Education Foundation, Inc.

P.O. Box 6168
Bridgewater, NJ 08807-9998
(800) 562-2063

Administers grants to individuals for diabetes research and education initiatives that would not usually be considered for funding by traditional research foundations.

National Institute of Diabetes, and Digestive and Kidney Diseases

5333 Westbard Avenue, Westwood Building
Bethesda, MD 20892-4200
(301) 496-4000

Administers grants which include training and in-

formation transfer components for primary health professionals in addition to biomedical research.

American Association of Diabetes Educators

500 North Michigan Ave., Suite 1400
Chicago, IL 60611
(800) 338-DMED

A multidisciplinary organization of health professionals involved in teaching persons with diabetes, AADE provides training leading to recognition as a Certified Diabetes Educator. AADE publishes a journal, *The Diabetes Educator*, newsletters, a core curriculum for educators and more. The AADE supplied the following list of current Certified Diabetes Educators in Montana: Helen A. Amundson, Helena; Susie Bailey, Billings; Joyce Bunt, Hardin; Judy A. Gilman, Wolf Point; Eloise M. Hill, Kalispell; Lenette Kosovich, Billings; G. Jean Pietarinen, Missoula; and Gloria Stockwell, Billings.

Educational Materials

Patient and Professional Education Guidelines, booklet, 16 pages.

The Centers for Disease Control, Division of Diabetes Translation, has developed these guidelines for patient and professional diabetes education. They are intended to provide a framework for the development and evaluation of education programs without limiting the flexibility necessary to accommodate unique requirements of individual programs.

Available from Division of Diabetes Translation, Centers for Disease Control, 1600 Clifton Rd., Mailstop KID, Atlanta, GA, 30333, (404) 639-1780.

Diabetes: A Positive Approach, 30 minute VHS video, 1990.

Tom Parks, anchorman for HBO's "Not Necessarily the News," will make you laugh as he introduces celebrities who have diabetes and teaches how to fit self-care into an active lifestyle. And, most importantly, Parks teaches how to cope by keeping your sense of humor.

Available from ADA, P.O. Box 1674, Jefferson, MO, 65102, (314) 636-5552, \$19.95 non-members, \$17.95 members. Also available on loan from ADA Montana Affiliate, (800) 232-6668.

1990 Buyer's Guide to Diabetes Products, booklet, 40 pages, 1989.

A guide for comparing features from different manufacturers for self-testing supplies, data management systems, aids for the visually impaired, medical identification products, products for treating reactions, pumps, urine testing products, syringes, insulin and injection aids.

Available from ADA, P.O. Box 1674, Jefferson, MO, 65102, (314) 636-5552, \$2 non-members, \$1.80 members.

Diabetic Foot Care, booklet, 12 pages, 1990.

Prepared by ADA's Council on Foot Care, this booklet for health care professionals features a "tear-out" of foot care instructions that can be given to a patient.

Available from ADA, P.O. Box 1674, Jefferson, MO, 65102, (314) 636-5552, \$3.50 non-members, \$3 members, plus \$1.75 shipping and handling.

Health Objectives for Diabetes Announced

The U.S. Public Health Service, the National Academy of Sciences' Institute of Medicine and other public and private organizations around the country, have collaborated in defining and writing the Year 2000 National Health Objectives. These objectives have been published in a report entitled, "Healthy People 2000: National Health Promotion & Disease Prevention." This effort builds on the nation's decade-long initiative to meet a series of health promotion/disease prevention goals established in the late 1970s, which were aimed at creating a nation of healthy people, regardless of age, race or socioeconomic status, by 1990.

The report identifies 298 specific health objectives in 22 priority areas, ranging from fitness, nutrition and tobacco to maternal and infant health, cancer and AIDS. U.S. Department of Health and Human Services Secretary Louis W. Sullivan, M.D., has called the report, "a blueprint that all of us can consult together as we join to prevent disease and disability, and to build an edifice of improved health for all our citizens." These health objectives have been established to provide direction and guidance to health care, treatment, health promotion, health education and surveillance programs. Listed below is a synopsis of the major objectives in the area of diabetes.

Health Status

Reduce diabetes-related deaths to no more than 34 per 100,000. (Baseline: 38 per 100,000 in 1986).

Reduce the most severe complications of diabetes as follows:

Complication	1988 Baseline	2000 Target
End-stage renal disease	1.5/1000*	1.4/1000
Blindness	2.2/1000	1.4/1000
Lower extremity amputation	8.2/1000*	4.9/1000
Perinatal mortality**	5%	2%
Major congenital malformations**	8%	4%

* 1987 baseline

** Among infants of women with established diabetes

Reduce diabetes to an incidence of no more than 2.5 per 1000 people and a prevalence of no more than 25 per 1000 people. (Baselines: 2.9 per 1000 in 1987; 28 per 1000 in 1987).

Risk Reduction Objectives

Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for

men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80).

Services and Protection Objectives

Increase to at least 40 percent the proportion of people with chronic and disabling conditions who receive formal patient education including information about community and self-help resources as an integral part of the management of their condition. Diabetes is listed as a specific target disease for this objective with a goal of 75% of people with diabetes receiving classes and counseling by the year 2000.

Increase to at least 75 percent the proportion of worksites with 50 or more employees that have a voluntarily established policy or program for the hiring of people with disabilities. (Baseline: 37 percent of medium and large companies in 1986).

Surveillance and Data Needs

National and state surveillance systems that can be used to monitor diabetes prevalence, complications and mortality associated with diabetes and the major risk factors related to diabetic morbidity and mortality.

Racial and ethnic identifiers in national data bases and statistically reliable samples of high-risk.

More detailed information on race and ethnicity recorded on hospital discharge abstracts and ESRD treatment forms.

Improved diabetes reporting on birth certificates to monitor reproductive and birth outcomes among women with diabetes.

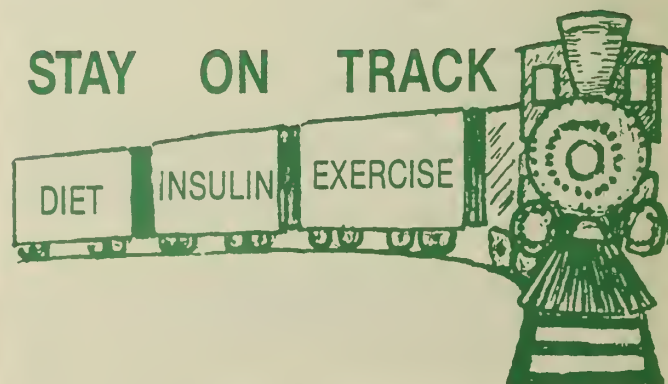
Mechanisms for tracking blindness in general and due to diabetes specifically.

Research Needs

Basic and clinical research to better understand the etiology and pathogenesis of diabetes and its complications.

Research to develop optimal capabilities for the diagnosis, treatment, cure and prevention of diabetes and its complications.

Single copies of the report are available from ODPHP National Health Information Center, P.O. Box 1133, Washington, D.C., 20013-1133 and multiple copies are available from Superintendent of Documents, Government Printing Office, Washington, D.C., 20402-9235; full report, \$31; summary, \$10.



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Coming Up

- March 28-29 **YOUTH IN CRISIS: SOLUTIONS**, Great Falls, contact Curt Campbell, Youth in Crisis Coalition, 761-0310.
- March 13-15 **CHRONIC DISEASE PREVENTION AND EPIDEMIOLOGY: A PUBLIC HEALTH APPROACH**, Part 1, Helena, contact Marsha McFarland, Dept. of Health & Environmental Sciences, 444-2555.
- April 10-12 **PARTNERSHIPS IN PUBLIC HEALTH: NOW IS THE TIME**, MPHA Annual Meeting, Colonial Inn, Helena, Contact Teri Kirkland, MSU Office of Continuing Education, 994-4930.
- April 20 **THE HIGHS AND LOWS OF DIABETES**, Colonial Inn, Helena, contact Stanlee Dull, American Diabetes Association, 761-0908.
- May 6-7 **PULL THE PLUG ON DRUGS AND ALCOHOL**, Billings Sheraton, contact Craig McCollom, Northwest Public Power Association, (206) 254-0109.
- May 8-10 **CHRONIC DISEASE PREVENTION AND EPIDEMIOLOGY: A PUBLIC HEALTH APPROACH**, Part 2, Helena, contact Marsha McFarland, Montana Dept. of Health & Environmental Sciences, 444-2555.
- June 16-19 **ADA TEEN RETREAT**, Circle Bar Guest Ranch, Utica, contact Stanlee Dull, ADA Montana Affiliate, 761-0908.
- June 19-23 **ROCKY MOUNTAIN HEALTH PROMOTION CONFERENCE**, MSU Bozeman, contact Teri Kirkland, MSU Office of Continuing Education for the Health Professional, 994-4930.
- July 21-27 **ADA CHILDRENS SUMMER CAMP**, Camp Diamont, near Bozeman, contact Stanlee Dull, ADA Montana Affiliate, 761-0908.

NATIONAL HEALTH OBSERVANCES

- March **HEMOPHILIA MONTH**
MENTAL RETARDATION MONTH
NATIONAL EYE DONOR MONTH
NATIONAL KIDNEY MONTH
NATIONAL NUTRITION MONTH
RED CROSS MONTH
- March 3-9 **NATIONAL CHRONIC FATIGUE SYNDROME AWARENESS WEEK**
NATIONAL PTA DRUG AND ALCOHOL AWARENESS WEEK
SAVE YOUR VISION WEEK
- March 17-23 **CHILDREN AND HOSPITALS WEEK**
NATIONAL POISON PREVENTION WEEK
- March 19 **AMERICAN DIABETES ALERT**

Funding Facts

How often does your program share results with other programs that may be experiencing similar problems? Do you know of individuals who obviously know their disciplines well, but are simply incapable of transmitting this knowledge to others? Have you felt the pressure to demonstrate the changes that have occurred as a result of your program? The possible approaches to dissemination are almost unlimited and are based on one's creativity. A particular innovative and exciting dissemination strategy may well be the deciding factor in securing funds for a project which in all other aspects is similar to other projects.

The purpose is simply to inform others about the project's existence and its accomplishments. Some approaches that might be considered:

- * a project newsletter
- * a conference highlighting project results
- * site visits for key representatives and media
- * interim working papers describing findings
- * articles prepared for scholarly journals or periodicals
- * pamphlets describing available project results
- * books or manuals issued by applicant organizations
- * production of audio-visuals
- * special briefings for local/state officials and policymakers
- * press conferences or the preparation of news releases
- * development of a model course
- * "traveling exhibits" to showcase project materials
- * development of self-instructional materials

Be advised that many grantors have a reasonable expectation for credit to be given to them for sponsorship when you produce printed materials, workshops, or conferences, whereas others (usually small, family-based sources) may want to remain anonymous. It is best to pre-determine your dissemination strategies early in the planning process.

THE NEWSLETTER FOR PEOPLE WHO LIVE WITH DIABETES
Diabetes 91

Call for your **FREE** subscription today.

To receive your FREE 4-issue (1 year) subscription to *DIABETES '91* just call 1-800-ADA-DISC. Available to first-time subscribers and non-ADA members only.



Beyond Disability

Persons with diabetes can develop a number of secondary physical disabilities. Some individuals with diabetes are at risk for vascular disease, which can result in heart disease or stroke. Other problems caused by damage to the small blood vessels in the eyes and kidneys of a person with diabetes can lead to blindness and kidney disease. Nerve damage or neuropathy, affects the feet and legs. Sometimes a person with diabetes will be unaware of a blister or cut on the foot which may become infected and lead to amputation. Awareness of the warning signs of secondary complications and regular visits to the doctor are the best way to ensure early intervention and perhaps avoid more serious problems. People with diabetes not only have to deal with the physical effects of their condition, but often they have to deal with the psycho-social effects. For many persons with diabetes, barriers in their communities severely limit their choices: lack of ramped entrances for people who use wheelchairs; the unavailability of brailled or taped copies of printed material for people who have visual impairments; people's prejudices and lack of information about the condition, can be even more limiting and curtail the efforts on the part of people with diabetes to live independently. These barriers reinforce low expectations and can underscore a tendency towards dependency and low personal satisfaction.

It is important to remember that any disability or chronic disease affects the entire family. Information about the disease and how to handle emergencies should be shared with each family member. Open and honest communication is the best way for everyone to deal with the anxiety and stress which result from coping with diabetes. If a broader foundation in the community becomes necessary, the

American Diabetes Association has information on local support groups.

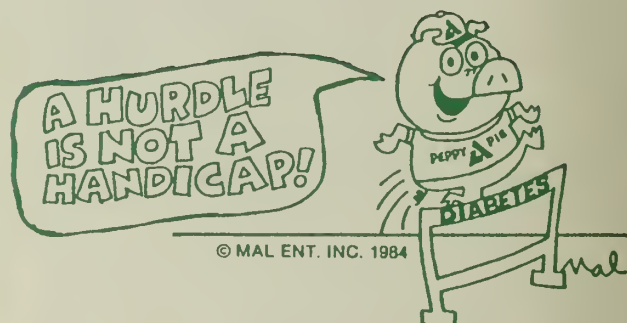
Here is a list of warning signs from the American Diabetes Association:

Insulin-dependent diabetes, most frequent in children and young adults, is characterized by the sudden appearance of:

- Constant urination
- Abnormal thirst
- Unusual hunger
- The rapid loss of weight
- Irritability
- Obvious weakness and fatigue
- Nausea and vomiting

Non-insulin-dependent diabetes usually occurs after the age of 30. It may include any of the previously mentioned signs or:

- Drowsiness
- Itching
- A family history of diabetes
- Blurred vision
- Excessive weight
- Tingling numbness in feet
- Easy fatigue
- Skin infections and slow healing



Montana Health Promoter

Montana Department of Health
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Helena, MT 59620

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